



DUANE MORRIS LLP  
ONE MARKET, SPEAR TOWER, SUITE 2000  
SAN FRANCISCO, CA 94105-1104  
PHONE: 415.371.2200  
FAX: 415.371.2201

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**AUG 06 2004**

## **FACSIMILE TRANSMITTAL SHEET**

**TO:** P. B. PREBILIC, Examiner

**FIRM/COMPANY:** Mail Stop RCE, Commissioner for Patents

**FACSIMILE NUMBER:** 703 872-9306

**CONFIRMATION  
TELEPHONE:** 703 308-2905

**FROM:** Ruth Der

**DIRECT DIAL:** 415.371.2231

**DATE:** August 6, 2004

**USER NUMBER:**

**FILE NUMBER:** U.S. Serial No. 09/716,038, Atty. Docket No. R0495-00801.

**TOTAL # OF PAGES:** 15  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached are *RCE* and *Preliminary Amendment In Response To Office Action Mailed On 05/13/2004*.

*Please confirm receipt of this facsimile.*

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## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
Vonderwalde et al.

) Examiner: P. B. Pebilic

) Group Art Unit: 3738

For: NON-THROMBOGENIC STENT  
JACKET

Serial No.: 09/716,038

Filed: November 17, 2000

Atty. Docket No.: R0495-00801

**REQUEST FOR CONTINUED  
EXAMINATION UNDER 37 CFR §1.114**

**CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8**

I hereby certify that this correspondence is being transmitted by facsimile to Examiner P.B. Pebilic (703) 872-9306, Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 6, 2004 in San Francisco, CA.

By: \_\_\_\_\_

Mail Stop RCE  
Commissioner for Patents  
P. O Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is a request for continued examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

**1. Submission required under 37 C.F.R. § 1.114**

a. ☐ Previously submitted

i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on \_\_\_\_\_ (any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.

iii. ☐ Other: \_\_\_\_\_.

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other: \_\_\_\_\_

## 2. Filing Fees Due

Description	Fee Code	Claims	Extra	Rate	Fee
RCE Fee	2801				\$385.
Independent Claims	2201	2- 3 =	0 x	\$43=	\$ 0.
Total Claims	2202	24- 20 =	4 x	\$9=	\$ 36.

**Filing Fees Due .....\$421.**

### 3. Payment of Fees

**/ X /** The Commissioner is hereby authorized to charge any fees and deficiency of fees and to credit any overpayment of fees which may be required under 37 CFR §1.16 and §1.17, to Deposit Account No. 04-1679, referencing Att. Docket No. R0495-00801. **A duplicate copy of this sheet is enclosed for this purpose.**

**4. Address all future communications to:**

**Edward J. Lynch**  
**DUANE MORRIS LLP**  
**One Market**  
**Spear Tower, Suite 2000**  
**San Francisco, CA 94105**

**5. Other documents enclosed herewith:**

\_\_\_\_\_

Respectfully submitted,

By: Edward J. Lynch  
Edward J. Lynch  
Registration No. 24,422  
Attorney for Applicants

**DUANE MORRIS LLP**  
One Market  
Spear Tower, Ste. 2000  
San Francisco, CA 94105  
Telephone: (415) 371-2200  
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Attorney for Applicants

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